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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	ICI 104
	First Named Inventor	Michael Hensel
	COMPLETE IF KNOWN	
	Application Number	09 / 763,620
	Filing Date	March 2, 2001
	Group Art Unit	1645
<input type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name Khatol Shahnan-Shah

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ATTENUATED SALMONELLA SP12 MUTANTS AS ANTIGEN CARRIERS

(Title of the invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 03/02/2001 as United States Application Number or PCT International Application Number 09/763,620 and was amended on (MM/DD/YYYY) 04/21/2003 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP99/06514 98116827.1	PCT EP	09/03/1999 09/04/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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ICI 104
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O I P E

MAY 28 2004 2:58PM

PABST PATENT GROUP

NO. 0257 P. 7

08/02 '04 15:48 FAX 01158 5527

ERIC POTTER CLARKSON

PATREA PABST

005/007

Received at: 11h 31m, 5/2/2004

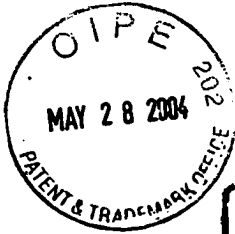
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INST. KLIN. MIKROBIO

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name: Patrea L. Pabst			
Address: Holland & Knight LLP			
Address: Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.			
City: Atlanta	State: GA	ZIP: 30309-3400	
Country: USA	Telephone: (404) 817-8473	Fax: (404) 817-8588	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that false statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)): Michael		Family Name (last name): Hensel	
Inventor's Signature: <i>[Signature]</i>		Date: 3. Feb. 2004	
Residence: City: Erlangen	State:	Country: Germany	Citizenship: DE
Mailing Address: The Institute for Clinical Microbiology, Immunology and Hygiene			
Mailing Address: University Erlangen-Nurnberg, Wasserturmstrasse 3/5			
City: Erlangen	State:	ZIP: D-91054	Country: Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)): David William		Family Name (last name): Holden	
Inventor's Signature:		Date:	
Residence: City: London	State:	Country: United Kingdom	Citizenship: GB
Mailing Address: Department of Infectious Disease, Imperial College of Science, Technology and Medicine			
Mailing Address: The Flowers Building, Armstrong Road			
City: London	State:	ZIP: SW72AZ	Country: United Kingdom
<input checked="" type="checkbox"/> Additional inventors are being named on the <u> 1 </u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
Name Patrea L. Pabst			
Address Holland & Knight LLP			
Address Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.			
City Atlanta	State GA	ZIP 30309-3400	
Country USA	Telephone (404) 817-8473	FAX (404) 817-8588	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Michael		Family Name or Surname Hensel	
Inventor's Signature		Date	
Residence: City Erlangen	State	Country Germany	Citizenship DE
Mailing Address The Institute for Clinical Microbiology, Immunology and Hygiene			
Mailing Address University Erlangen-Nurnberg, Waserturmstrasse 3/5			
City Erlangen	State	ZIP D-91054	Country Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) David William		Family Name or Surname Holden	
Inventor's Signature <i>David William Holden</i>		Date 6/1/04	
Residence: City London	State	Country United Kingdom	Citizenship GB
Mailing Address Department of Infectious Disease, Imperial College of Science, Technology and Medicine			
Mailing Address The Flowers Building, Armstrong Road			
City London	State	ZIP SW72AZ	Country United Kingdom
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PABST PATENT GROUP
HULLMAN & ASSOCIATES

NO. 0257 P. 9
NO. 0100 P. 0/0



U.S.S.N. 09/763,620

Filed: March 2, 2001

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Approved for use through 10/31/2002. GMB 0951-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jacqueline Elizabeth		Shea	
Inventor's Signature <i>Jacqueline Shea</i>		Date <i>29/12/03</i>	
Residence: City	Background State	Country	Citizenship
High Wycombe		United Kingdom	GB
Mailing Address			
Microscience Limited			
Mailing Address			
545 Eskdale Road, Winnersh Triangle			
City	State	ZIP	Country
Wokingham	Berkshire	RG 41 5TU	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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